

|                                                                              |                                                                               |               |                                                                                                            |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------|
| <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b><br>(37 CFR 1.63) | <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing | OR            | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
|                                                                              | <b>Attorney Docket Number</b>                                                 |               | 10031.000400                                                                                               |
|                                                                              | <b>First Named Inventor</b>                                                   |               | Douglas H. Rose                                                                                            |
|                                                                              | <b>COMPLETE IF KNOWN</b>                                                      |               |                                                                                                            |
|                                                                              | <b>Application Number</b>                                                     |               | not yet known                                                                                              |
|                                                                              | <b>Filing Date</b>                                                            |               |                                                                                                            |
| <b>Art Unit</b>                                                              |                                                                               | not yet known |                                                                                                            |
| <b>Examiner Name</b>                                                         |                                                                               | not yet known |                                                                                                            |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ETCHING OF SOLAR CELL MATERIALS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT International application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                          |                          | YES                      | NO                       |
|                                     |         |                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No.: 10031.000400

PTO/SB/01 (05-03)  
Approved for use through 04/30/2008. OMB 0551-0002  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **000031894** OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any) **Douglas H.**

Family Name or Surname **Rose**

Inventor's Signature

*Douglas H. Rose*

Date **6/1/03**

Residence: City

**Austin**

State

**TX**

Country

**US**

Citizenship

**US**

Mailing Address

**16515 Denise Drive**

City

**Austin**

State

**TX**

Zip

**78717**

Country

**US**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any) **Pongsthom**

Family Name or Surname **Urahwong**

Inventor's Signature

Date

Residence: City

**Campbell**

State

**CA**

Country

**US**

Citizenship

**THAILAND**

Mailing Address

**1875 Ebbetts Drive**

City

**Campbell**

State

**CA**

Zip

**95008**

Country

**US**

☒ Additional inventors or a legal representative are being named on the 3 supplemental sheet(s) PTO/SB/02A or 02-B attached hereto.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 1 of 1

|                                            |          |                                                                               |       |
|--------------------------------------------|----------|-------------------------------------------------------------------------------|-------|
| Name of Additional Joint Inventor, if any: |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle if any)       |          | Family Name or Surname                                                        |       |
| David D.                                   |          | Smith                                                                         |       |
| Inventor's Signature                       |          | Date                                                                          |       |
| David D. Smith                             |          | 8-1-03                                                                        |       |
| Residence: City                            | San Jose | State                                                                         | CA    |
|                                            |          | Country                                                                       | US    |
| Mailing Address                            |          |                                                                               |       |
| 3515 Olsen Drive                           |          |                                                                               |       |
| City                                       | San Jose | State                                                                         | CA    |
|                                            |          | ZIP                                                                           | 95117 |
|                                            |          | Country                                                                       | US    |
| Name of Additional Joint Inventor, if any: |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle if any)       |          | Family Name or Surname                                                        |       |
|                                            |          |                                                                               |       |
| Inventor's Signature                       |          | Date                                                                          |       |
|                                            |          |                                                                               |       |
| Residence: City                            |          | State                                                                         |       |
|                                            |          | Country                                                                       |       |
| Mailing Address                            |          |                                                                               |       |
|                                            |          |                                                                               |       |
| City                                       |          | State                                                                         |       |
|                                            |          | Zip                                                                           |       |
|                                            |          | Country                                                                       |       |
| Name of Additional Joint Inventor, if any: |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle if any)       |          | Family Name or Surname                                                        |       |
|                                            |          |                                                                               |       |
| Inventor's Signature                       |          | Date                                                                          |       |
|                                            |          |                                                                               |       |
| Residence: City                            |          | State                                                                         |       |
|                                            |          | Country                                                                       |       |
| Mailing Address                            |          |                                                                               |       |
|                                            |          |                                                                               |       |
| City                                       |          | State                                                                         |       |
|                                            |          | Zip                                                                           |       |
|                                            |          | Country                                                                       |       |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-766-9199) and select option 2.

|                                                                                                                                                                                                                                                                                                                   |                               |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input checked="" type="checkbox"/> Declaration<br>Submitted With Initial<br>Filing <b>OR</b> <input type="checkbox"/> Declaration<br>Submitted after Initial<br>Filing (surcharge<br>(37 CFR 1.16 (e))<br>required) | <b>Attorney Docket Number</b> | 10031.000400    |
|                                                                                                                                                                                                                                                                                                                   | <b>First Named Inventor</b>   | Douglas H. Rose |
|                                                                                                                                                                                                                                                                                                                   | <b>COMPLETE IF KNOWN</b>      |                 |
|                                                                                                                                                                                                                                                                                                                   | <b>Application Number</b>     | not yet known   |
|                                                                                                                                                                                                                                                                                                                   | <b>Filing Date</b>            |                 |
|                                                                                                                                                                                                                                                                                                                   | <b>Art Unit</b>               | not yet known   |
|                                                                                                                                                                                                                                                                                                                   | <b>Examiner Name</b>          | not yet known   |

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ETCHING OF SOLAR CELL MATERIALS**

the specification of which (Title of the Invention)

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) Country | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|----------------------------------------|---------|---------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                        |         |                                             |                          | YES                      | NO                       |
|                                        |         |                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------|---------|--------|-------------|-------------------------------------------------------|--|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input checked="" type="checkbox"/> Customer Number<br>or Bar Code Label |       | 000031894                                                                     |         | OR     |             | <input type="checkbox"/> Correspondence address below |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                          | State |                                                                               |         | ZIP    |             |                                                       |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |       | Telephone                                                                     |         |        | Fax         |                                                       |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |        |             |                                                       |  |
| Given Name<br>(first and middle (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                          |       | Douglas H.                                                                    |         |        |             |                                                       |  |
| Family Name<br>or Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                          |       | Rose                                                                          |         |        |             |                                                       |  |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |       |                                                                               |         | Date   |             |                                                       |  |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          | State |                                                                               | Country |        | Citizenship |                                                       |  |
| Austin                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                          | TX    |                                                                               | US      |        | US          |                                                       |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| 16515 Denise Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                          | State |                                                                               | Zip     |        | Country     |                                                       |  |
| Austin                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                          | TX    |                                                                               | 78717   |        | US          |                                                       |  |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                          |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |        |             |                                                       |  |
| Given Name<br>(first and middle (if any))                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                          |       | Pongstorn                                                                     |         |        |             |                                                       |  |
| Family Name<br>or Surname                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                          |       | Uralwong                                                                      |         |        |             |                                                       |  |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                          |       |                                                                               |         | Date   |             |                                                       |  |
| <i>Pongstorn Uralwong</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                          |       |                                                                               |         | 8/1/03 |             |                                                       |  |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          | State |                                                                               | Country |        | Citizenship |                                                       |  |
| Campbell                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                          | CA    |                                                                               | US      |        | THAILAND    |                                                       |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| 1675 Ebbetts Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                          | State |                                                                               | Zip     |        | Country     |                                                       |  |
| Campbell                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                          | CA    |                                                                               | 95008   |        | US          |                                                       |  |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.                                                                                                                                                                                                                                                                                                     |  |                                                                          |       |                                                                               |         |        |             |                                                       |  |

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 1

|                                            |          |                                                                               |       |
|--------------------------------------------|----------|-------------------------------------------------------------------------------|-------|
| Name of Additional Joint Inventor, if any: |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle (if any))     |          | Family Name or Surname                                                        |       |
| David D.                                   |          | Smith                                                                         |       |
| Inventor's Signature                       |          | Date                                                                          |       |
| Residence: City                            | San Jose | State                                                                         | CA    |
|                                            |          | Country                                                                       | US    |
|                                            |          | Citizenship                                                                   | US    |
| Mailing Address                            |          |                                                                               |       |
| 3515 Olsen Drive                           |          |                                                                               |       |
| City                                       | San Jose | State                                                                         | CA    |
|                                            |          | ZIP                                                                           | 95117 |
|                                            |          | Country                                                                       | US    |
| Name of Additional Joint Inventor, if any: |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle (if any))     |          | Family Name or Surname                                                        |       |
|                                            |          |                                                                               |       |
| Inventor's Signature                       |          | Date                                                                          |       |
| Residence: City                            |          | State                                                                         |       |
|                                            |          | Country                                                                       |       |
|                                            |          | Citizenship                                                                   |       |
| Mailing Address                            |          |                                                                               |       |
| City                                       |          | State                                                                         |       |
|                                            |          | Zip                                                                           |       |
|                                            |          | Country                                                                       |       |
| Name of Additional Joint Inventor, if any: |          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |
| Given Name (first and middle (if any))     |          | Family Name or Surname                                                        |       |
|                                            |          |                                                                               |       |
| Inventor's Signature                       |          | Date                                                                          |       |
| Residence: City                            |          | State                                                                         |       |
|                                            |          | Country                                                                       |       |
|                                            |          | Citizenship                                                                   |       |
| Mailing Address                            |          |                                                                               |       |
| City                                       |          | State                                                                         |       |
|                                            |          | Zip                                                                           |       |
|                                            |          | Country                                                                       |       |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                        |                 |
|------------------------|-----------------|
| Application Number     | not yet known   |
| Filing Date            |                 |
| First Named Inventor   | Douglas H. Rose |
| Art Unit               | not yet known   |
| Examiner Name          | not yet known   |
| Attorney Docket Number | 10031.000400    |

I hereby appoint

☒ Practitioners at Customer Number

000031894

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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Number Bar Code  
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☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

**SIGNATURE of Applicant or Assignee of Record**

Name Douglas H. Rose

Signature *Douglas H. Rose*

Date 8/1/03

Telephone 512-246-0113

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

|                        |                 |
|------------------------|-----------------|
| Application Number     | not yet known   |
| Filing Date            |                 |
| First Named Inventor   | Douglas H. Rose |
| Art Unit               | not yet known   |
| Examiner Name          | not yet known   |
| Attorney Docket Number | 10031.000400    |

I hereby appoint:

☒ Practitioners at Customer Number

000031894

Place Customer  
Number Bar Code  
I shall have

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer  
Number Bar Code  
I shall have☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                           |           |              |
|-----------|---------------------------|-----------|--------------|
| Name      | Pongsthom Uralwong        |           |              |
| Signature | <i>Pongsthom Uralwong</i> |           |              |
| Date      | 8/1/03                    | Telephone | 408 991-0916 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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| <b>POWER OF ATTORNEY OR<br/>AUTHORIZATION OF AGENT</b> | Application Number     | not yet known   |
|                                                        | Filing Date            |                 |
|                                                        | First Named Inventor   | Douglas H. Rose |
|                                                        | Art Unit               | not yet known   |
|                                                        | Examiner Name          | not yet known   |
|                                                        | Attorney Docket Number | 10031.000400    |

I hereby appoint

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)*

**SIGNATURE of Applicant or Assignee of Record**

|           |                       |
|-----------|-----------------------|
| Name      | David D. Smith        |
| Signature | <i>David D. Smith</i> |
| Date      | 8-1-03                |
| Telephone | 408-991-8904          |

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